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INTUS-SUSCEPTIO—SUGGESTIONS GROWING OUT OF THE CASE OF THE HON. H. S. LEGARE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In your July No., of 1843, I noticed a short paragraph as follows: "In one of the papers it is stated that the cause of the death of the Hon. H. S. Legare—was intus-susceptio; and in another is the following paragraph, presumed to be on good authority:—on post-mortem examination, it was ascertained that death was occasioned by an internal strangulation, arising from a twisting of the intestine upon itself at the sigmoid flexure. *His disease, therefore, was one which precluded all hope of the successful application of remedies.*"

It is the last paragraph of this notice which has more particularly called forth these remarks; but since this, a full report of the case, by Dr. Bigelow, has been made in your August No., p. 440, where he says—"Internal strangulation, we have reason to believe, is a fatal disease, except in rare instances, in which a spontaneous restoration of the parts may, under favorable circumstances, have taken place." Now under the ordinary and fashionable treatment of the present epoch, this is readily granted; and a similar case and treatment is shown by Dr. Thurston, in the same monthly No., p. 500. In this case the bowels remained "flaccid" until the third day of the disease; now "half a grain of sulph. of morphia was administered every half hour," and by midnight the abdomen "became suddenly extremely hard, and very much distended, evidently by flatus." In an hour and a half more, the patient died.

This is most commonly the event of invaginations in any portion of the circle of the intestinal canal, as had many times occurred in my own practice formerly, until a fortunate incident occurred some ten years ago, since which time my practice has been so greatly limited I have not met other cases of the kind so as to confirm the proposed treatment. I made public a communication on this subject in July, 1835, in the Medical Magazine, printed at Boston; but as this periodical soon became defunct, and as I suppose never was much circulated or read, it may never have arrested the general attention of the faculty. This paper was styled—*Remarks on Intro-susception of the Bowels, and a new Method of Treatment suggested.* And now, after having gone so far, I do not know how to introduce my views any better than, with your approbation, to transcribe the chief of this communication; for it seems not to have been noticed, and is probably forgotten along with the periodical.

"*To the Editor, &c.*"—"In looking over your Magazine for May, 1833, my attention was particularly arrested by a case of intro-susception of the small intestines, in a child six months old, related by Dr. W. to the Boston Society of Medical Improvement. The common medical treatment seemed to be unavailing, as is most usually the fact in such cases; and as the intro-susception could be clearly detected in the left hypochondrium two or three inches in length, Dr. Warren performed the operation of gastrotomy, and readily succeeded in reducing the invagination. However, notwithstanding this may be adjudged justifiable, and heroic practice, the child died—and on inspection of the parts there was 'considerable peritonitis with effusion.'

"These cases are more frequent than has commonly been supposed, and as they are usually attended with vomiting and some diarrhœa, they are liable to be mistaken for common cholera morbus, and in children for cholera infantum, or some ordinary constipation, with inflammation. They often occur in malignant fevers when attended with vomiting, in this case a portion becoming invaginated in the part above. It, also, appears sometimes in typhus, or *typhoid* fever. Perhaps physicians generally are not much in the habit of examining the abdomen carefully with a view to the detection of an invagination—and again, it is questionable whether such displacement can always be detected, especially where there is fulness of the adipose tissue.

"I cannot recollect, at this time, that gastrotomy has ever been practised in this country until the present instance. It certainly ought to be regarded as justifiable practice when all other common expedients have failed; but the very delay occasioned by the use of these expedients may too often be the means of rendering the operation abortive; for it will always come too late when peritonitis and effusion have taken place. These changes *often* follow in quick succession, and but little benefit may rationally be expected from the operation after, say, *three or four days*; and yet I know one case which I believe had no rational treatment, that continued two weeks before it destroyed a young woman, and being desired to inspect the body, I found invagination of the ileum in the right side, of about five inches in length, and the parts were nearly free from traits of antecedent inflammation. There were no adhesions nor any effusions, but merely a slight and limited injection of vessels."

"Since writing the above I have discovered an interesting case in the Medical Recorder, Vol. IX., p. 211, for 1826, taken from Hufeland's Journal, in which gastrotomy was *successfully* practised on a man æt. 28, on the nineteenth day of the disease; no inflammation or effusion, and the intestine involved two feet, and a section of two inches made in the intestine in order to disentangle it. However, these operations are distressing and dangerous, and often prove unsuccessful. It is a subject of great importance to form a just diagnosis of the individual case in these operations; but this is often difficult.

"I have no intention of dwelling upon the pathological character of the affection, for the preceding remarks were introduced in order to raise a suggestion, and excite inquiry into the propriety of a different method of treatment in these cases, and that is, the trial to effect the reduction of the invagination by the power of *suction*."

"Many years ago I now recollect having seen an intimation in some periodical* of a practice in Russia of reducing hernia by applying, I think, heated earthern pots for this purpose. Although the idea impressed me pretty forcibly at the time, yet, by some means, it was forced from my mind, and at various times when I ought to have had it at command, until, in February, 1833, when I was much perplexed with a case in a man about 35 years of age. This patient complained of a tormenting, and, as he expressed it, a twisting pain in the right hypogastric region. It was pointed out by him as being near the internal abdominal ring; however, upon a close examination, it was judged to be a little higher up than the ring. Nothing like a tumor could be discovered upon the most accurate touch, he being a pretty fleshy subject. He had been long affected with an inguinal hernia of the left side, but this gave him no trouble now, yet served to increase the suspicion of a small part of intestine being confined between the muscular plates of the abdomen. All attempts at relief having failed, and they had been very diligently applied for forty-eight hours, the vomiting of watery matter being almost incessant, and a beginning of the phenomena indicating a failure of the vital forces, an adventurous operation had been almost concluded on, and yet our opinions were undecided between hernia and invagination. At this conjuncture of extreme perplexity, the idea of suction came to my mind as if intuitively.

"The abdomen was somewhat distended, but not extremely; yet so as to afford quite a large surface. A four-quart glass vessel, tumbler-shaped, was readily procured. The atmospheric air was rarified in the vessel by burning a bibulous strip of paper dipped in diluted alcohol. It was suddenly applied by placing one margin an inch and a half from the pained part above, and dropping the remainder so that it included the umbilical region. The suction was powerful, and a large concavity of the peritoneal surface of the parietes must have been the effect. He bore the process without any essential inconvenience after the first shock. It was suffered to remain about half an hour.

"The event of this process was, that the patient complained of but very little of his former pain, but merely a soreness; he vomited only three or four times after, and in twelve hours had intestinal discharges that gave good evidence of their perviousness. His febrile symptoms soon vanished, and in three days required no further attention.

"Now it may be difficult to say what the state of the viscera were in this case; but from the whole of the phenomena I have but little hesitation in believing it was an invagination of the small intestines, and it is difficult to resist the evidence that it was restored by the displacement effected by the change in the abdominal organs, as a consequence of the process.

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* Since the above was written I have discovered a short account of the process in Vol. VII. of the New England Journal of Medicine and Surgery, at Boston, for 1817, p. 305.

"I greatly regret that my attention has not been more turned towards this process, so that I might have had it at command on many occasions; and a principal object of this article is to excite the attention of the profession to it, hoping that if others have made use of it they may be so obliging as to make some report of the same; and if even this should excite trials of the process, that they may hereafter be reported."

If it should be used by any, it may not be amiss to notice, that it may be better and safer in some cases to exhaust the atmospheric air by means of an air-pump, as this gradual process may not be so likely to injure the intestines as a sudden displacement might, whilst at the same time the degree of necessary exhaustion can be better graduated. *Still it may not be so useful, as will hereafter be suggested.*

There might be two exhausting receivers placed in opposite directions, and each one have the margin of the glass at a little distance from the point of injury, whenever this can be ascertained. The diameter of the open end of the glass ought to be as large as the surface of the abdomen can admit, especially in fat subjects, otherwise the peritoneal surface will not be sufficient to form a concavity sufficient to receive the viscera, and displace the preternatural state of the intestines. So glasses of very different sizes will become necessary for use.

Internal medicines are nearly useless in either hernia or intro-susception, and had better be withheld, as they add much irritation. However, it may be suggested that previous to applying the exhausted glasses, the patient ought to remain twenty or thirty minutes in a warm bath, and this directly followed by bleeding from the arm. The operation always ought to be done before the abdomen has suffered much meteorism, for in that event a concavity cannot be well formed, nor can the viscera very easily be moved on themselves. It can be tried with perfect safety in all varieties of hernia where there is good reason to believe that inflammation has not produced adhesions, and before softening or gangrene may have too greatly injured the textures. In some invaginations there may be one or two feet of the tube involved, and such a state might require several applications of the process before it may be entirely evolved. Whether it may be best to apply two glasses at once, or apply one on each side alternately, may, perhaps, be better determined by trials.

If we might be indulged in any further remarks, I would say, that in every case of incarcerated hernia, and also intro-susception, there exists a morbidly tonic, or nosodynamic state of the system generally, most commonly excited by cold, and the place of local concentration of morbid energy is the part affected from a previous state of increased sensibility. That such a state exists is proved by all the phenomena during life, and the muscular rigidity after death. If these views are correct, it will readily be seen how improper a tonic, or stimulating, treatment must be, unless the latter is in very small doses and especially directed to sweating. All narcotics aggravate the morbid condition, and if pushed to any considerable extent increase the spasmed state, the nervous energy becomes paralyzed, and death soon supervenes after a few ineffectual struggles of the heart. The secretions are perverted, and meteorism suddenly arises. A mere hint is all that can be offered here.

It may be further suggested that the application of the exhausted receivers by means of burning spirit, by giving a sudden heat on the surface, impeling the fluids exteriorly, and a shock to the viscera, serve to remove spasm instantly, and by this means occasions the invaginations to be more easily moved. The process seems to be one of the most efficient counter-irritants. Yours respectfully,

Woodstock, Vt., Aug. 24th, 1843. J. A. Gallup.

ANIMAL HEAT.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I was pleased with the communication headed as above, in your Journal of the 2d, and with your permission will make a few remarks upon the same, through your valuable publication.

To discover the true source of animal heat has engaged the time and talent of many great men and deep philosophers; but till modern chemistry had shed light upon this, as upon many other heretofore considered arcana of nature, little was known of this wise provision of Providence. While writers were laboring to establish each his own theory and destroy all others, nothing was done which could possibly lead to a correct knowledge of the subject.

For some years past the theory of arterialization has been generally received, and till I saw the communication above alluded to, I was not aware that any one at the present time doubted its truth.

The principal objection urged against this theory is, that as the change of blood takes place in the lungs, all the heat must of course be produced by this change and in the lungs, which, as Dr. Mason remarked, would make the lungs the furnace, and the arteries the pipes for heating up the animal sytem.

But this seemingly great objection does not exist. The carbon, instead of being oxydized in the lungs only, is converted into carbonic acid gas in the most minute bloodvessels in all parts of the sytem. The venous blood in the lungs parts with its carbonic acid gas, and at the same time absorbs an equal quantity, or nearly so, of oxygen gas, which is conveyed by the red globules of the arterial blood to all parts of the system. Nor do these globules part with their oxygen till they arrive at the capillaries. Here it is that the change from arterial to venous blood takes place; and this change consists in the oxygen uniting with the carbon of the metamorphosed tissues to form carbonic acid gas, and with the hydrogen to form water. The globules of the blood having lost their oxygen, absorb the carbonic acid and convey it to the lungs, where it is given off with much vapor in exchange for oxygen.

I have not space to go into a more minute detail, or to bring arguments to prove the truth of what has been said; but permitting it to be true, it is very evident that no more heat would be generated in the lungs than in other parts of the body; and this is found to be the case.

Dr. Mason remarks, that as the heat is increased during exercise in proportion as the respiration is accelerated, it follows that in violent exercise the system must be completely charged with oxygen and freed from carbon. Now it is true, that the existing organs at every movement are undergoing a change from organized substance to compounds, which are no longer fit to remain in the body, and as these compounds are unfit for reproducing those organs from which they have been separated, they must pass out of the system in some form or other. That this change will be in proportion to the amount of exercise, cannot be doubted; the increase of urine during a walk is evidence of this fact. This increased change of the substance of the organs goes to meet the increased supply of oxygen; their carbon is converted into carbonic acid gas, their hydrogen into water, and the nitrogen is formed in the urine. This being true, it is easy to account for the increase of temperature, and the fatigue and waste of body which sometimes arise from long continued exercise, without a sufficient supply of food. Animals deprived of food can live much longer without exercise than with; and those with much fat than those of the same species which have none, for the reason that the fat, which consists mostly of carbon and hydrogen, is the first part which goes to support respiration, and continue the heat of the body.

Dr. Mason very properly asks, why it is that the chlorotic maiden, who lives upon charcoal, is continually complaining of cold. This is very easily accounted for when we consider that her digestive organs have lost the power of converting a sufficient quantity of food into suitable compounds to enter the circulation and reproduce those organs which are continually wasting through the agency of oxygen. Nature feels this derangement (if I may so express myself), and suggests the propriety of supplying a substance which contains much fuel and is more easily prepared for the fire. But if this substance in any way helps this difficulty, the rise of animal heat must be very inconsiderable and inconstant, as those who eat this substance are found to consume but very small quantities, and this with no regularity.

It is well known that when bodies pass from a rarer to a denser state, caloric is evolved, and the quantity of heat produced is usually in proportion to their change of bulk.

Dr. Mason asserts that were it not for the fact, that the nutritive matter taken into the stomach consists partly of solids, the supply of heat from the process of nutrition would actually destroy the body. If this idea is correct, we cannot tell why those who live on fluids are not consumed, as some are said to have been who partook too freely of alcohol. Now it matters not whether the food taken is a solid or a fluid, their ultimate consistence before entering the circulation will be the same. If heat is evolved by the process of nutrition, it must also be absorbed by solids which become fluid in the stomach. Nothing is more evident than this conclusion, that if waste and nutrition of the body are in equilibrium, the same quantity of caloric will be absorbed by the metamorphosed substance of the body and carried off in the secretions, as will be evoled by the reproduction of the tissues; consequently no increase of heat above the surrounding medium can be accounted for in this way. But provided a sufficient amount of heat is produced in this process when the nutrition is active, none is carried off by the process of waste, what would be the condition of the starving animal. It is evident he must freeze to death in a temperature of 30 deg. as soon as the process of nutrition ceases. But this is not the case. Animals deprived of food will live a length of time proportionate to the amount of fat which their bodies contain to the surrounding temperature, and to the number of respirations. A serpent, with its sluggish respiration, will live without food three months, and a fat pig is said to have lived without food 160 days, and to have lost 120 lbs. in weight, while a bird deprived of food dies in three days.

That the temperature of the laboring man is higher than that of him who leads an inactive life, may be true, but it is not owing directly to his increased nutrition, but to an increased supply of oxygen, produced by his accelerated respiration, which implies a corresponding change in the substance of his body, and calls for an increased supply of nutritive matter; hence the cause of the greater consumption of food by the active than the inactive man.

Dr. Mason says that his position is proved by the process of inflammation—that the increase of heat is the latent heat of the blood, which becomes sensible by the deposit of lymph. It is not impossible that some heat may be produced by the process, but we find that the heat is not always in proportion to the amount deposited. Inflammation may take place without much increase of bulk, and yet the heat be as great as in any case; while, on the other hand, a rapid growth or deposit may take place without a perceptible change in the temperature, and even occurs when the temperature is lower than in other parts of the body. We have a more philosophical explanation of this phenomena, and I think a satisfactory one.

The action of the oxygen taken into the system through the skin and lungs, always tends to destroy the body, and disease takes place when the resistance offered to the vital force is weaker than the acting cause of disturbance. Death occurs when all resistance on the part of the vital force ceases, and the chemical process of decay commences, in which every part of the system which is capable of this process enters into combination with oxygen. When inflammation commences in a part, there is a decrease of force in that part to resist the action of oxygen, and all those tissues most easily oxydated, enter into combination with it; hence the reason why the cellular tissue, which contains the fat, is the first to suffer in this process. TYRO.

August 10*th*, 1843.

EMASCULATION FOR SEMINAL WEAKNESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—A case of castration, for seminal weakness, was reported in your Journal of August 9, and I would ask of those older and more experienced than myself whether this is the most approved method of treating the disease. No doubt it is the most effectual, and so would decapitation be for inflammation of the brain; but there is something so abhorrent in the idea of an emasculated man, that it appears to me it should be the last resort in all cases. Let us see whether it was the last or first resort in this case.

It seems the Dr. first saw Mr. —— Nov. 5, and found him with the symptoms usually attendant on masturbation, a vice to which he had been addicted for six years. After describing the symptoms, Dr. C. adds, that for four years he had been drugged with all sorts of medicines, for all sorts of diseases, by all sorts of doctors. No wonder he found him in a sad predicament, after having made an *apothecary's shop* of his stomach for four years. The greatest wonder is that he was alive. I should hardly have known which to have removed, his *stomach* or his *testicles*. One would have been as effectual as the other.

After diagnosing the case the Dr. prescribed "with very little expectation of benefiting him," and within twenty-four days after first seeing him, *operated*. Had the surgeon been a young man desirous of fame at all hazards, we might have suspected that other motives than the patient's welfare induced him to operate. But in regard to Dr. Crosby we can suspect no such thing. His reputation is established, and has been for years. Is it not a fact that a surgeon gains more applause by maiming than curing? Dr. Abernethy remarked, that "operations are the opprobrium of the profession"—a sentiment which all surgeons would do well to adopt.

On referring to Lallemand, I find cases reported as cured by caustic, which were incomparably more hopeless than Dr. Crosby's. But it seems recourse was not had to cauterization for the want of a proper instrument (he could easily have obtained one), although he quotes Philips to prove that this may be successful in three fourths of the cases, under favorable circumstances.

Now if the application of caustic will prove successful in three fourths of the cases, or one fourth, or one hundredth, yes, or one thousandth, give the patient the benefit of it. It will not then be too late to castrate. It will never be too late to castrate, till the judicious application of the most approved remedies has failed of success; and in order to a fair trial of medicines, the case must be accurately diagnosed before the patient is "drugged with all sorts of medicines."

We are told the patient has every prospect of health and a life of usefulness! But he will be reminded occasionally, that while he has all this in perspective, there are some *essentials which he has not got*.

The fact that the patient solicited the operation argues nothing, because persons afflicted in this way would as soon choose death as life; but a man is not justified in taking the life of another at his request.

I have been induced to make the foregoing remarks, in order to gain the opinion of medical men upon the case reported, and shall be obliged if you will give this publicity through the pages of your valuable Journal.

Lowell, *Aug*. 23, 1843. J. Marshall, M.D.

THE NEW REMEDY FOR SEMINAL WEAKNESS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The novel treatment of the case of seminal weakness reported in your Journal of the 9th inst., with so much self-gratulation, must have struck you, as well as many of your readers, with surprise and regret—surprise, that an operation so grave in its consequences as often to deprive the patient of all self-respect as well as the respect of others, should have been performed on individual responsibility, without a consultation, and without even trying other means that have so generally proved successful—regret, that the honor of the profession should suffer, not merely on account of the *mutilation* of this young man, for surgery is often compelled to do this and more, but that it was done so *hastily*, if not *unnecessarily*, without trying other well-known remedies. The object in reporting the case is not very evident. It could hardly be to communicate the fact that *such a remedy* would cure *such a disease*, for that result would be as certain as that the power of vision would cease on the removal of the eyes, or the secretion of bile on the destruction of the liver. The operator has voluntarily presented himself with his case at the tribunal of public opinion, and is entitled to a candid and impartial decision. Will he consent that even-handed justice shall be awarded him by the golden rule, that "with *what measure ye mete it shall be measured to you again*"? From the practical application of such a principle, the doctor would derive new ideas of the wide difference between *meum* and *tuum*, and would be more wary of the use of the knife in future. Let the operator for a moment imagine himself in his unfortunate patient's stead, with the knowledge "that for four years he had been drugged with all sorts of medicines, for all sorts of diseases, by all sorts of doctors; no one knowing the true nature of the malady or the cause of it," when fortunately, *the one* more deserving than all the rest comes along, sees not only the nature of the disease but the remedy, and congratulates him with immediate relief, and, what is better, *radical* cure. The remedy is simple, says this new medical friend, as well as effectual; you have only to have both your —— cut out. "*Horresco—nunquam, nunquam,*" the learned patient would exclaim, "*I am horror struck—never, never.*" But, my dear sir, says the new doctor, be calm and decide dispassionately. Here lies, most certainly, the root of the evil, and it should be eradicated. The remedy is certain, and you will "become cheerful and happy, and with every prospect of a life of usefulness." But 'tis a dreadful idea, replies the patient; "your proposition has excited ideas the most painful—

a train of thought that I cannot communicate. I have a family—if I were alone in the world"—"But, doctor, is there nothing else will do?" "This is a horrid expedient. You said you could *cure*—this is annihilation—it is death—worse than death, 'tis a living death. Is there nothing else that can first be tried"? O yes, says the doctor, Lallemand, a celebrated French physician, has directed his attention particularly to this malady, and has reported his practice as very successful, and it is now generally adopted, curing at least three fourths of the patients. "Doctor," exclaims the patient, "you inspire me with new life; you know another remedy, why then not try it before resorting to so horrid an expedient?" I would gladly do it, replies the doctor, but "*I am not in possession of the proper instrument!*"

The above are the simple facts in the case, as related by Dr. Crosby himself, omitting the supposed remarks of the patient. Had Dr. C. given his patient all the knowledge of his case that he has given the public; had he informed him his case was not hopeless, that a very simple remedy and easy of application would in all probability cure him without depriving him of manhood; would this unfortunate young man have consented to, much less *urged*, immediate *emasculation* in the first instance? What must be the reflection of this unfortunate patient, should Lallemand's work chance to fall under his inspection? or should he read even the doctor's own report of his case, and have the astounding fact flash upon his mind that there were seventy-five chances in the hundred for him to have been cured, and that without consultation or advice, his physician deprived him of them all, for no other reason than "not being in possession of a suitable instrument?"

Portland, Me., Aug. 20th, 1843.

STRABISMUS DIVERGENS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The fact that the operation for *strabismus divergens*, is not as successful as the operation for *strabismus convergens*, is notorious. No sufficient explanation for this fact has yet been offered. To supply this deficiency we write.

A strange incongruity has ever existed among anatomists as to the function of the inferior and superior oblique. Dr. Pancoast, in a note to Quain's anatomical plates, has declared, what dissections carefully made (in my presence) have confirmed, viz., that it is the action of the superior oblique to pull the eye *outwards* and *downwards*, and of the inferior oblique to pull the eye *outwards* and *upwards*. For proof of this action I would refer you to the anatomy of the eye as given by Pancoast's Quain. Upon this view of the action of these muscles, depends our theory for accounting for the difficulty of removing the defect in *strabismus divergens.*

Then we have *first*, The *rectus externus antagonizing directly the rectus* internus; *second*, *the two obliqui antagonizing indirectly the same* *muscle.* If we divide the *rectus externus*, the two obliqui, having gained power by the long inactivity of the *rectus internus*, are still able successfully to antagonize this relaxed and weakened muscle. We advance, then, this as the theory, viz., that the difficulty of remedying strabismus divergens arises from the contraction of the two oblique muscles, *outwards;* and were this removed the operation would be entirely successful.

It may be objected, that the two oblique muscles being involuntary, would have no direct and *permanent* effect. This is rather an argument for than against; for, after the division of the *rectus externus*, when the patient is directed to turn the eye inwards, he is unable so to do, in consequence of the debility of the *rectus internus* and the *involuntary* outward action of the two oblique muscles. If the involuntary motion is allowed to the superior oblique and denied to the inferior oblique (as suggested by some), still the superior oblique is a stronger muscle, and by drawing over the pulley possesses a decided advantage over the inferior. Either or both of these cases we conceive to be arguments rather for than against our position.

It may be objected, also, that were there three muscles to act in unison against the *rectus internus*, the divergent variety of strabismus would be the most common. In Pancoast's edition of Quain and Wilson, p. 15, second part, a sufficient answer will be found, viz., "The three (superior, inferior and internus) recti are supplied by the motor communis (third pair), and when they act together under the stimulus of that nerve, they have a tendency to sink the ball of the eye and bring it towards the inner canthus, thus causing strabismus convergens."

It may be urged, as a further objection, that there is sometimes an inability to turn the eye out after the operation for strabismus convergens. This we suppose to be produced by the paralysis of the rectus externus and oblique muscles, and might be remedied by proper applications and exercise. *** H.

Rochester, N. Y., Aug. 30th, 1843.

EMPLOYMENT OF WOMEN AND CHILDREN IN HUSBANDRY.

The report of Mr. Austin, on which we commented in our last No. but one, gives a gloomy portraiture of compulsory apprenticeship, as it exists in many of our agricultural parishes. Yet, dark as the representation is, we fear that it is not overcharged. It is drawn from the concurrent testimony of witnesses in various grades of society; and though their evidence is combated, as usual, by that of others, the probability is, unfortunately, on the unfavorable side. The state of these young husbandmen and women approaches so nearly to that of serfs, or even slaves, that it is difficult to doubt the existence of the evils which bondage always brings in its train.

"To be worse treated than a parish apprentice," says Mr. Bidwell, "is a proverb, and were not proverbs held to be founded in truth, I could support the verity of this in a variety of instances, of a *general* as well as particular character."

The system is as follows. At the age of 9, a boy is taken away from his parents, not to be restored to them during his minority. "Neither parents nor children are consulted," says Mr. Austin; "they are separated by an act of law, against which there is no appeal." This separation is continued for twelve long years, which must be sufficient, in a large number of cases, to produce the most complete estrangement between parent and child; as it is not to be supposed that in so poor a class, apprentices and their parents can visit one another often enough to keep up the feelings of kindred in their original freshness. Indeed, mere distance would often make this impossible. The Stat. 56, Geo. III., which regulates apprenticeships, enacts that a child shall not be bound *more* than forty miles from its place of settlement! The apprentices are knocked about *ad libitum* by their master, mistress, and all the other rulers who are put in authority over them; and though very gross cases may be carried before a magistrate, the remedy is obviously as bad as the disease. A household carried on by appeals to the 56 Geo. III., cap. 126, is in an unhappy condition. Sometimes, too, the master can make his apprentices very miserable, and yet keep within the limits of the law; at other times the apprentices are skilful in the art of worrying, and yet keep on the windy side of Geo. III.

Nor do the females escape the wild justice of the farm house. Mary Puddicombe tells of her service at Blackiston, when no longer an apprentice; the servants used to beat her, and her master to bang her till she was black and blue. But, "apprentices were treated worse; two, without fathers to look after them, were beat with a stick for anything that happened. One maiden had her arm cut to the bone with a stick the young master cut out of the hedge at the time, for not harrowing right, for not leaving enough for a harrow to go back again. That went to a justice: master was fined £5 and had to pay the doctor's bill. The £5 was given away in bread to the poor. The parish did not bind any apprentices after that."

It was a broad hint to leave off, truly! Mary Rendalls informs us that when apprenticed she had a bad mistress, who used to throw her on the ground, hold her by the ears, kneel on her, and use her very ill. The witness, now 41 years of age, has still the marks from kicks upon her. Mr. Lyddon, a surgeon, has often made inquiries into the condition of apprentices, and is inclined to think that at times corrections rather too severe are inflicted.

Mr. Troode, a farmer, had an apprentice, who did not go to church though sent, and was out late at night. Mr. Troode applied to a magistrate; the boy was sent to a tread-mill for a week, and whipped twice; "but that only made him worse than before; nothing hurts a boy like punishment of that kind." The witness, adds, "I had another apprentice, a girl, who staid out all night; nothing could be worse; Mrs. Troode scolded her, and the girl threw some potatoes at her, I came in at the moment and struck her with the horsewhip. The girl's parents applied to an attorney at Exeter, and the case was brought before magistrates; I was fined £1. Upon this I ordered all my apprentices out of the house, for I found I could not have the proper control over them."

Mr. Palk, a farmer, says, "we don't let our apprentices go home to see their parents; parents who have been apprenticed never like their children to run home much."

George Moxey, a laborer, says that when an apprentice, he was never beaten nor ill-used by his master, but that he was badly used by the other apprentices; "apprentices always beat each other, go wherever you will."

In fact, the apprentice, friendless and forlorn, is too often knocked about like the fag at a public school, but with a far longer period of slavery before him. He is among those that time lags withal, and few can feel more strongly the pungent truth of the couplet—

Slow as the years's dull circle seems to run,
When the brisk minor pants for twenty-one!

Nor are these poor drudges always consoled for their destiny on earth by the hope of a "bright reversion in the sky;" for, "although they are sufficiently clothed for their work," says Mr. Austin, the reporter, "they sometimes have no better clothing for the Sunday; and their masters are ashamed to let them appear at church in their ordinary dress of the week."

Indeed, one of the witnesses, the Rev. Peter Benson, affirms that the moral and religious instruction of a child commonly ceases almost entirely when he has been apprenticed. Farmers do not like to send ragged children to church; and "the rule is rags, the exception is the other way."

A master, of course, stands *in loco parentis* to his apprentice, and if habitual kindness were checkered by occasional severity there would be little or no reason to complain. But if his goodness always "wears the sterner face of love;" if authority scarcely ever melts into indulgence; if the only thing which the farmer can allege in his own favor is that his apprentices have a bellyful, can we wonder that discontent hardens into hatred, or that the despised serf grows up into the enemy of the social frame which has crushed him?

It would be sad indeed were there no exceptions to this painful rule; we hope that there are many, and bright ones.

Mrs. Tuckett, of Dunsford, in Devonshire, who retains the farm which her husband occupied, draws a pleasing picture of the felicity of her family. Her house is conducted in the old-fashioned Devonshire way. Mistress, servants and apprentices mess together on the same provisions; nor are they kept under lock and key; everything is open. The apprentices have five days holiday in the year; three at Christmas and two at Easter, and Mrs. Tucket gives them little amusements then, and at other times. Their parents come to see them when they like, and there is always something to eat and a glass of cider for these visiters. The girls are never allowed to work in the fields, except occasionally at hay time, and then they are kept "in a little set, away from the other people, not to hear their talk."

But Mrs. Tuckett, of whose intelligence and worth Mr. Austin speaks with due praise, is a rare exception; and we perfectly agree with the reporter that it will be well to discontinue agricultural apprenticeship for the future.

We cannot conclude this article without touching upon a point which is prominent in almost every page of the evidence; we mean the extreme privations and singular patience of our rural population. The stringent severity of the New Poor Law was built on the supposition that the poor spent their wages in luxury and dissipation, and that they ought to be compelled to save up money for old age by the prospective horrors of a Union work-house. But, alas! the mass of evidence, unpicked and ungarbled, shows that the laborer's wages, in general, scarcely pass starvation point; and instead of the cruel mockery of reqairing the husbandman to save something from nine shillings a week, we ought rather to remind the opulent that, in the words of Rousseau, the best medicines for the poor are to be found in the kitchens and cellars of the rich. Instead of constantly reproaching husbandmen, as a class, with their occasional errors, the impartial moralist, when he peruses

> "The short and simple annals of the poor,"

will be rather inclined to admire their uncomplaining fortitude, and will admit that the heroism of private life is most often to be found in a station where we should have been least likely to have looked for it.

In the Report before us, Dr. Greenup, of Calne, after giving in detail the necessary expenses of a laborer's housekeeping, remarks, that when he reckons these things up, he is always more and more astonished how laborers continue to live at all. The diseases which he sees among the poor almost all arise from want of proper food and clothing. At Studley, in Wiltshire, it appears, from the evidence of Mr. Henry Phelps, agent to the Marquis of Lansdowne, that the women work in the fields like men. They are employed in reaping and binding corn in harvest, hay-making, hoeing turnips, weeding, picking stones, filling dung-carts, &c. For this they get 8d. a day, or sometimes at harvest, 10d.

Mr. Bowman, a farmer, and vice chairman of the Board of Guardians of the Calne Union, says that, in the great majority of cases, the laborer's family has only the man's wages, 8s. or 9s. a week, to live on. It is a mystery to Mr. Bowman how a man and wife, with five or six children, can live on this. We take it for granted, therefore, that the vice chairman does not think it just to punish the laborer in his old age for not having bought an annuity out of the abundant income of his greener years.

Mrs. Britton, the wife of a laborer, deposes that she has seven children, all boys, varying in age from fourteen years to nine months. One of the children is a cripple, and the Guardians allow two gallons of bread weekly for him; but although her husband is a tea-totaller, the family has not even a sufficiency of bread to eat; and they all sleep in one room.

The next witness, Mrs. Sumbler, the wife of a laborer, gives an account of the unceasing toil in a dairy, having been herself employed in one for eight years before she married. "When cheeses are made twice a day, the work is never done; the work lasts all day, from three in the morning till nine at night."

Another witness, after giving the details of her spare housekeeping, adds, "we never know what it is to get enough to eat; at the end of the meal the children would always eat more. Of bread there is never enough; the children are always asking for more at every meal; I then say, 'you don't want your father to go to prison do you?'"

It is almost needless to multiply these details of extreme penury. Mary Haynes, a widow of Calne, does men's work in the fields, and has not even a change of clothes. She receives 5s. a week in summer, and 4s. 6d. during the other months. Besides stone-picking, weeding and hay-making, she reaps and hoes turnips, employments which some persons suppose to belong to men alone.

"As for work," says another practical philosopher, speaking of the farm where he was apprenticed, "why, people must work, and there was a plenty of that;"—the grievous point is, that the work should be so miserably paid.

In a word, the good humor with which our laborers in husbandry bear toil rewarded by semi-starvation is worthy of all praise; and forms a singular contrast to the distorted ingenuity with which many of their superiors find subjects of annoyance and discontent in the midst of prosperity.—*London Medical Gazette.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

SEPTEMBER 6, 1843.

*Principles of Human Physiology.**—No one is presumed to be unacquainted with the name and services of William B. Carpenter, M.D., of Bristol, Eng., a celebrated writer on human physiology. He is the same man who was accused by Dr. Paine, of New York, of doing that which ought not to have been done, &c.; but there is no need of raking over the ashes for dead coals, in order to explain who Dr. Carpenter is. Copies of the English edition of a learned production by this gentleman, are common, but an American edition was a desideratum.

Dr. Clymer, of Philadelphia, has remodelled that valuable book—*Principles of Human Physiology*—and made such additions as in his judgment were necessary to give a completeness and finish to the whole, according to the present standard of physiological knowledge. In the foreign, as in the present, edition, it is expressly declared that the undertaking is designed for students. It is hoped that coming generations of practitioners will excel their predecessors; there can be no apology for them if they fall short of the present standard, since learning is made easy to them by the most eminent writers of the present age. But although the resources of the author's comprehensive mind are apparently devoted to the advancement of new beginners in study, there is a splendid exhibition of the powers of analysis, an uncommon degree of success in making abstruse subjects clear, and in forcibly impressing upon others the laws of life which he so well understands, that will give eclat to Dr. Carpenter's reputation when he will be insensible to praise.

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* Principles of Human Physiology, with their chief Applications to Pathology, Hygiene, and Forensic Medicine, especially designed for students, by W. B. Carpenter, M.D., &c., first American edition, with notes and additions, by Meredith Clymer, M.D. Philadelphia: Lea & Blanchard. 8vo., p. 518. 1843.

All who can afford to have a good system of physiology, should possess this; and those who are able to keep pace with the progress of science, should not be without it. There are 618 pages, large-sized octavo, on good paper, with a type as distinctly made as can be executed. No necessity seems to exist for extracting from its pages, or commenting especially on any particular parts or portions of the volume—because it is presumed that all who can, will avail themselves of it. Probably this improved edition does not cost more than one third the price asked for it in England, and yet it is superior in very many respects. If publishers are not encouraged, we may expect to pay dearly for all that comes from Europe, when the medical press of the United States becomes discouraged.

Theory and Practice of Midwifery.—A beautiful American edition of Dr. Churchill's admirable work, heretofore noticed by us, is fresh from the prolific press of Messrs. Lea & Blanchard, Philadelphia, with copious notes and additions by Dr. Robert M. Huston, M.D., of Jefferson Medical College. There are 116 illustrations by that best of anatomical engravers, Gilbert.

It so happens that an extended notice of this excellent treatise cannot be given the present week; yet we should be unwilling to omit extending a notice of its appearance, that those about joining the various medical schools the ensuing lecture season, may avail themselves of its assistance. Both the publisher and the American editor have conferred a special favor in re-producing this work in the United States.

Jefferson Medical College.—A pamphlet of twelve pages announces the course to be pursued the ensuing lecture season, if the world last, which the Signs of the Times is disposed to question. Nothing more can be said commendatory of this enterprising school, than has been repeatedly expressed in regard to it in times past and gone. It is a desirable institution for any man to join, who is studying medicine. The faculty are distinguished for their attainments in science, and their happy faculty for teaching. The buildings, the museum, opportunities for studying practical anatomy, witnessing surgical operations, and seeing some of everything which should be seen by a student, give importance to the Jefferson Medical College. Dr. Pancoast, the professor of General, Descriptive and Surgical Anatomy, is beginning to be appreciated as one of the best anatomists in the city of Philadelphia.

Gettysburg Private Medical Institute.—A good name, like a sweet odor, radiates to a great distance. Dr. Gilbert, of Gettysburg, Penn., is one of those industrious, laborious medical inquirers, who raises the dignity of the calling in which he is engaged, while elevating himself. Quite alone, out of the reach of Philadelphia medical influences, without a charter or a single co-worker, he has built up an institute that already rivals in the number of its matriculations, scores of the corner-lot colleges of pointed notoriety. Twenty-nine names are on the printed catalogue. Dr. Gilbert receives students, instructs them, and furnishes them with books, lights, fuel, &c., eighteen months, till prepared for attending lectures, for $100. No additional charge is made if the pupil remains till graduation. Board is procurable from $1,50 to $2,00 per week. He has our best wishes.

Medical Society of Natchez.—On the 2d of December last, this association was organized, and a constitution adopted that is highly creditable to the profession of that city. It shows that honor and honesty of intention are leading elements in the profession everywhere, and that order, heaven's first law, is appreciated as much in Natchez as in some older human localities. Following the letter of the law, is a synopsis of medical etiquette, the production of Samuel A. Cartwright, M.D., the observvance of which will keep peace, professionally, at home, and win respect for the members abroad,

Rule 8th might be committed to memory out of the State in which it was written, and with manifest advantage to very many great self-announced discoverers in the healing art. "Medical knowledge is not private, but public property. It consists of the accumulated experience of all ages and countries, enlightened, guided and directed by the whole circle of sciences. Hence it is contrary to the rules of medical etiquette, and highly empirical, for any physician to pretend that he treats diseases differently from other members of the faculty. If he does so he is an empiric. If he does not do so he is a deceiver and acts disingenuously, by claiming as his own, in his individual capacity, what belongs to the whole profession—and is alike open to all. If he has actually stumbled on a better method of treating disease than the world knew before, he is morally and professionally bound to make it known to his medical brethren."

Kemper College.—In times past mention has been made of this institution—located in the growing city of St. Louis, Missouri. A prospectus is now circulating for 1843, both to explain the doings of the past, and announce intentions for the future. This is what the Dean of the faculty says:—

"That St. Louis is destined to build up and sustain a great medical school, no one will deny; and that the Medical Department in Kemper College is to be successful, we most heartily believe, and even our enemies must admit. Relying upon their own resources, the Faculty have thus far borne it upward and onward with signal triumph. No school has been, in its infancy, better patronized; nor can any one boast of a greater number of graduates of equal respectability; and although we speak of the youthfulness of the school, it is not so with its Faculty—

several of them are veterans in science, and none who are not thorough in their departments. But while we rely on the reputation of the older, we do not the less rely on the vigorous manhood of the younger members of our faculty. Besides, there is an ambition for success with us, that makes it no longer conjecture, but we look for triumph as we look for the sun in the morning of a clear day."

No lack of of confidence in all this; though there may be something wanting in the individual who wrote on the back of a circular directed to the faculty of a medical institution in Kentucky, not many weeks ago—"*Consult the fifth chapter of Daniel, the 25th and 26th verses.*" If the scribbler is setting up for a prophet, he had better renounce physic, as this specimen of courtesy shows him utterly unfit for either.

The following is a list of graduates for the session of 1842-43:—Henry Lemcke, *Opium;* J. H. Hawk, *Leucorrhœa;* William C. Harrington, *The Pathology of the Cellular Tissue;* Andrew B. Barbee, *Puerperal Fever;* Wm. Bolton, *Inflammation;* Charles L. Lamb, *Hernia;* John C. Campbell, *Malaria;* Thomas C. Moore, *The Pathology of Fever;* Charles H. Bradford, *Indigestion;* George W. Scollay, *The Importance of Anatomical Knowledge to the Practitioner of Medicine;* W. P. Thornton, *The Physiology of Indigestion;* Andrew W. Hunt, *The Pathology and Treatment of Indigestion;* J. G. Adams Frydenger, *Fever;* James Whitten Boyle, *Lobelia Inflata;* Victor W. Cwierdzenski, *Fever;* D. F. Stevens, *Intestinal Worms;* James N. Allen, *Fever;* James Beard Williams, *Irritability;* B. F. Taylor, *Rheumatism.*

Medical Graduates,—To the Editor.—Sir: In the list of Medical Graduates of Harvard University, published in your last No., the name of Moses Williams Weld, A.M. (Harvard), was accidentally omitted. The subject of Dr. Weld's dissertation was *Varix.* I will thank you to insert this correction from the record. The whole number of graduates was thirty-one. W. Channing, *Dean.*

Vomiting a Cure for Phthisis.—It is stated that 176 patients under consumption, 47 in the incipient, and 129 in the advanced stage, admitted during a period of four years into the military hospital at Capua, were ultimately discharged perfectly cured, their treatment having consisted in the administration of a tablespoonful night and morning of the following mixture:—Tartarized antimony, three grains; syrup of cloves, an ounce; decoction of marsh mallows, six ounces; mix. The dose was to be repeated until vomiting ensued.—*Annali Univ. di Medicine, in London Lancet.*

Medical Miscellany.—Dr. J. M. Smith, U. S. N., has been detached from the Hospital, Philadelphia, and ordered to the Lawrence.—A young man lately died at Baltimore, in consequence of skinning a cow that had died of poison.—Dr. McClenachan, recently tried at Norristown, Pa., for a violent assault on a clergyman, who had provokingly insulted him, was fined $30, and 30 days' imprisonment, imposed by Judge Burnside.—A Miss Allen, of Boston, is lecturing at Springfield, Mass., on animal magnetism.—The smallpox has broken out among the foreign emigrants going up the Erie canal, near Buffalo.—Dr. Vacke wrote officially from Roundout to the New York Common Council, informing them that a fever of a bilious character was prevailing there, out of which a vast commotion has arisen in reference to a certain schooner Vanda. The non-intercourse between New York and Roundout, growing out of a proclammation of the acting mayor, expired on Thursday last.—There is an increase of yellow fever cases at New Orleans every time we receive advices. On the 18th and 19th, of 17 admitted to the Charity Hospital, 13 died.—About 1400 persons arrived at Saratoga week before last.—The public health is excellent at St. Thomas the present season, notwithstanding the scarcity of water—no sickness made inroads upon the community.—A new proposition for regaining lost health, is to ascend in an air balloon once or twice a week, to be invigorated with an untainted atmosphere some six miles high, and delighted with an extensive prospect below.—Dr. Grant, at the last accounts, was on the way from Masul to Asheta, on the Koordish mountains.—Dr. Whitman, the missionary physician, still remains with the Oregon Indians, in regard to whom he has collected some curious observations.—A new and ingenious series of apparatus has been invented by Dr. Row, of White Plain, N. Y., for the management of fractures, deserving the attention of surgeons. It is not convenient, the present week, to describe its structure, or point out its supposed advantages over other favorite contrivances for securing broken bones.—A report is abroad, says the Western Journal of Medicine and Surgery, that the yellow fever has appeared at Pittsburgh.—Dr. F. J. Lemoyne, of Washington Co., Pa., has been nominated for Congress by the Abolitionists.—Dr. Humphrey, of Guernsey, Ohio, has been mulcted in the sum of $3000 for giving a boy too much calomel. He is a regular practitioner.—Dr. Droux, the inventor and manufacturer of the manakin, has modelled the anatomy of a cockchaffer, which, though only twelve times larger than nature, consists of six hundred parts, easily separated and reunited.—The yellow fever has raged extensively on board the French frigate Gomer, a steamer, at New Orleans. Sixty cases had occurred on the 18th, six only proving fatal.—P. S. Townsend, M.D., has made a sensible critical report of the disease at Roundout, N. Y., to one of the Aldermen of New York, four columns long, in the New York Evening Express—giving it as his decided opinion that the malady is the *yellow fever*. Dr. Alexander F. Vache, M.D., resident physician of the city, gives it as his opinion, on the contrary, that it is *a bilious remittent fever*. The Bay State Democrat says that great *anxiety* is manifested that a depot be established in this city for Keerl's vermifuge!

Died,—In Macedon, of pulmonary consumption, Dr. Allen A. Jordan, 26.—At Cooperstown, Dr. John Russell, 70.—At Mount Vernon, N. H., Dr. Zepheniah Kittredge, 86.

Number of deaths in Boston, for the week ending Sept. 2, 73.—Males, 41—Females, 32.

Of consumption, 6—disease of the heart, 2—dropsy on the brain, 5—inflammation of the bowels, 8—marasmus, 4—inflammatory fever, 1—bowel complaint, 9—measles, 4—fits, 3—cholera infantum, 7—drowned, 1—brain fever, 1—dysentery, 1—croup, 1—pleurisy, 1—hemorrhage, 3—teething, 1—paralytic, 1—hooping cough, 2—infantile, 3—influenza, 1—diarrhœa, 1—inflammation of the lungs, 1—scrofula, 1—lung fever, 3—debility, 2—typhus fever, 1—canker in the bowels, 1—suffocation, 1—unknown 2.

Under 5 years, 47—between 5 and 20 years, 3—between 20 and 60 years, 21—over 60 years, 2.

Rare Pathological Circumstance Remedied by an Unique Surgical Operation.—A young lady, eighteen years of age, and of a sanguine temperament, was effected with a disease of the scalp that at first attracted no particular attention. It had first appeared (in an inflammatory shape) about her fifteenth year, but was at that period repressed by an especial attention to cleanliness. When about sixteen years of age, however, the patient began to find, that in combing her hair, the comb was impeded by a fleshy ridge extending from one side of the head to the other, and which increased daily, till she was obliged to have a part of her hair cut off, being unable to comb it. She now consulted a surgeon, who states that all the scalp above a semi-circular line on either side, stretching from the occipital protuberance round to the parieto-frontal suture, was extensively hypertrofied. As felt above the ears, the scalp was thickened and soft, and pitted readily under the pressure of the finger; and the thickening and softening augmented towards the crown, where the skin seemed to be detached from the cranium, and had a convoluted aspect, its sulci being filled with a sebaceous secretion of a nauseous quality.

M. Robert, the surgeon who reports the case, proposed the operation of partial *scalping*, to which he proceeded on the first of October in last year. The head having been for the most part shaved, he began the incision about one inch and a half above the left mastoid process, directed his bistoury upwards and forwards across the parietal eminence to the sagittal suture, and then returned to the corresponding point on the opposite side of the head. The bistoury, without being removed, was now directed round the back of the head across the occipital bone, below its superior angle to the first point of departure, and all the tegumental structure comprised between these incisions was removed. The hæmorrhage was at first extremely abundant, but soon ceased on the application of cold lotions and the formation of coagulum. The sides of the wound were approximated by a few sutures: charpie was the sole dressing employed. Twenty-four hours afterwards a violent febrile access took place, with headache, vomiting of bilious matters, fainting, &c., but vigorous bleeding was resorted to, and these symptoms gradually diminished; at the end of about a week the wound had entirely cicatrized. The mass removed was about eight inches in length, by three in breadth; in its thickest part it was seven inches thick. Hairs were but thinly scattered over it, but in no wise differed from the hairs on other parts of the scalp. At present we learn that the scalp of the patient is thicker than normally; but it everywhere adheres to the bone, and is nowhere particularly salient.—*Journal de Chirurgerie.*

Sulphate of Iron for Erysipelas.—M. Velpeau employs, as a local application in erysipelas, a solution of an ounce of sulphate of iron in a pint of water; or an ointment of two drachms of the sulphate to an ounce of lard. The salt must be reduced to a most impalpable powder before being mixed with the lard; it is then to be rubbed freely over, and a little beyond, the whole inflamed surface. When the solution is employed, the skin is to be kept constantly moist. In twenty-four cases, M. Velpeau says, no one spot of inflammation resisted these means for more than two days.—*London Lancet.*